CERMAK KENEALY LLP

PAGE 09/15

JAN 1 9 2	his form, together with	h applicable fe		I	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Mexandria, Vîrg	r Patents	1450	
D.	ਰ		or F	ax (703) 746-4000	N 791-1-2	(Name of 6 o	hould be completed whe
INSTRUCTIONS: This for appropriate All further con indicated unless someoted maintenance fee resultentes	rm should be used for trans trespondence including the I low or directed otherwise	smitting the ISSUI Patent, advance on in Block 1, by (a)	E FEE and Plers and notif possifying a	UBLICA fication of new con	TION FEE (if requi f maintenance fees w respondence address;	red). Blocks rill be mailed and/or (b) in	to the current dicating a sep	correspondence address arate "FEE ADDRESS" f
Indiana var marriage	CE ADDRESS (Note: Use Block I for			N	lote: A certificate of	mailing can o	mly he used f	or domestic mailings of t for any other accompanyi ent or formal drawing, m
	590 08/18/2004	•			C	different of Mo	iling or Tran	smission
CERMAK & KE P.O. BOX 7518	NEALY LLP			I				
ALEXANDRIA, V	/A 22307	•		3 a-	ddressed to the Mai	Stop ISSUE	FEE address	is deposited with the Unit st class mail in an envelo a above, or being facsim date indicated below.
•	S			10 15	Adam J. Ce	rmak	-1000, OIL LIVE	(Depositor's nam
2005 HALI22 000000	57 10658404			ŕ	dall U. CE			(Signatur
1504	300.00 DP			ļ.	15 November 2004 (Date			
1506	1370.00 DP			Ĺ	13 NOVELIDE			
APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVE		OR	ATTORNEY DOCK		CONFIRMATION NO.
10/658,404	10/658.404 09/10/2003		Christoph		ier (-077	2245
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUE	BLICATION FEE		E(S) DUE	DATE DUE
nonprovisional	NO	\$1330	1		\$300	\$1	630	11/18/2004
EXA	MINER	ART UN	IT	CL./	ASS-SUBCLASS]		
JARRETT, RYAN A		2125			700-175000			
	1. Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent anomeys or agents. If no name is listed, no name will be printed.				
1, Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/I O "Fee Address" indicat PTO/SB/47; Rev 03-02	fence address (or Change of C 122) attached.	Correspondence	(1) the nar or agents ((2) the nar registered 2 registere	mes of up OR, alternated as attorney of a side attorney of the side atto	o to 3 registered pater atively, ngle firm (having as or agent) and the nan morneys or agents. If	nt attorneys a member a		
1, Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/I O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	tence address (or Change of 0 122) attached. tion (or "Fee Address" Indica or more recent) attached. Us	Correspondence tion form e of a Customer	(1) the nar or agents ((2) the nar registered 2 registere listed, no r	nes of up OR, alternate of a si attorney of patent a name will	to 3 registered pater atively, ngle firm (having as a or agent) and the nam morneys or agents. If be printed.	a member a les of up to no name is	Adam 3	J. Cermak
1, Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/I O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	fence address (or Change of C 122) attached.	correspondence tion form e of a Customer E PRINTED ON 1 elow, no assignee of this form is NO	(1) the nar or agents (2) the nar registered 2 registere listed, no r	mes of up OR, alternate of a si attorney of patent a name will (print or ear on the for filing	o to 3 registered pater atively, ngle firm (having as a or agent) and the nam morneys or agents. If be printed. Type) type) patent. If an assignant assignment.	a member a les of up to no name is	Adam 3	J. Cermak
1, Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/I O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	dence address (or Change of 0 122) attached. tion (or "Fee Address" Indica- or more recent) attached. Us D RESIDENCE DATA TO B as an assignee is identified b in 37 CFR 3.11. Completion	correspondence tion form e of a Customer E PRINTED ON 1 elow, no assignee of this form is NO	(1) the nar or agents (2) the nar registered 2 registere listed, no retrieved at a will apper a substitute (3) RESIDENCE	mes of up DR, alternate of a si attorney of d patent is name will (print or ear on the for filling	to 3 registered pater atively, ngle firm (having as a or agent) and the nan attorneys or agents. If be printed. type) e patent. If an assign an assignment. and STATE OR CO	a member a les of up to no name is	Adam 3	J. Cermak
1. Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/II O "Fee Address" indicat PTO/SB/A7; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i	dence address (or Change of 0 122) attached. tion (or "Fee Address" Indica- or more recent) attached. Us D RESIDENCE DATA TO B as an assignee is identified b in 37 CFR 3.11. Completion	correspondence tion form e of a Customer E PRINTED ON 1 elow, no assignee of this form is NO	(1) the nar or agents (2) the nar registered 2 registere listed, no retrieved at a will apper a substitute (3) RESIDENCE	mes of up DR, alternate of a si attorney of d patent is name will (print or ear on the for filling	o to 3 registered pater atively, ngle firm (having as a or agent) and the nam morneys or agents. If be printed. Type) type) patent. If an assignant assignment.	a member a les of up to no name is	Adam 3	J. Cermak document has been filed
1. Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/I O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i	dence address (or Change of C 122) attached. tion (or "Fee Address" Indica- or more recent) attached. Us D RESIDENCE DATA TO B as an assignee is identified be in 37 CFR 3.11. Completion NEE	Correspondence tion form e of a Customer E PRINTED ON 1 elow, no assignee of this form is NO	(1) the nar or agents (2) the nar registered 2 registere listed, no r. THE PATENT data will app (7 a substitute c) RESIDENCE Baden	mes of up DR, alternation of a si attorney of dipatent a attorney in the si the side of the side of the side of the Certain of the side of the side of the Certain of the side	to 3 registered pater atively, ngle firm (having as a or agent) and the nan attorneys or agents. If be printed. type) e patent. If an assign an assignment. and STATE OR CO	me is identific	Adam 3 ad below, the	J. Cermak document has been filed
1. Change of correspondent CFR 1.363). 1. Change of correspond Address form PTO/SB/H 1. "Fee Address" indicat PTO/SB/H?; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN ALSTOM Teco	fence address (or Change of 0 122) attached. tion (or "Fee Address" Indicator more recent) attached. Us D RESIDENCE DATA TO Best an assignee is identified by an 37 CFR 3.11. Completion NEE Chnology LTD te assignee category or category	correspondence tion form e of a Customer E PRINTED ON 1 elow, no assignee of this form is NO (E	(1) the nar or agents (2) the nar registered 2 registere listed, no report of a substitute (3) RESIDENCE Baden inted on the p. Payment of	mes of up DR, altern ne of a si attorney of d patent s aname will f (print or ear on the for filing CE: (CITY , Sw. atent); Fee(s):	o to 3 registered pater atively, ngle firm (having as a or agent) and the name morneys or agents. If be printed. Type) Type Type	a member a les of up to no name is nee is identifie UNTRY)	Adam 3 ad below, the	J. Cermak document has been filed
1. Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/8 O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth if (A) NAME OF ASSIGN ALSTOM Tecordation as set forth if (A) The following fee(s) are M Issue Fee	fence address (or Change of 0 122) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE Chnology LTD the assignee category or category or category or category enclosed:	correspondence tion form e of a Customer BE PRINTED ON 1 elow, no assignee of this form is NO (E)	(1) the nar or agents (2) the nar registered 2 registere listed, no representation of the PATENT data will app T a substitute (3) RESIDENCE Baden inted on the po. Payment of O A check in	mes of up DR, altern ne of a si attorney of d patent a tame will (print or ear on the for filing E: (CITY , Sw. atent); Fee(s): n the smo	o to 3 registered pater atively, ngle firm (having as a or agent) and the name morneys or agents. If be printed. Type) a patent. If an assignant assignant assignment. The printed and STATE OR CO itzerland individual sount of the fee(s) is con-	a member a les of up to no name is nee is identifie UNTRY)	Adam 3 ad below, the	J. Cermak document has been filed
1. Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/1 O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN ALSTOM Tecordation as check the appropriate that the following fee(s) are in the same properties of the properties	dence address (or Change of Cl22) attached. Ition (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be at an assignee is identified be at 37 CFR 3.11. Completion NEE Chnology LTD the assignee category or category experiences of the control of the category or category and the category of category or category and the category of category or category and the category of category of category and the c	correspondence tion form e of a Customer BE PRINTED ON 1 elow, no assignee of this form is NO (E)	(1) the nar or agents (2) the nar registered 2 registere listed, no reflection of the PATENT data will app f a substitute (3) RESIDENCE Baden inted on the population of the part of the payment of the p	mes of up DR, altern attorney of d patent a tame will f (print or ear on the for filing E: (CITY , Sw. atent); Fec(s): in the amo	o to 3 registered pater atively, negle firm (having as a por agent) and the name morneys or agents. If be printed. Type) e patent. If an assign an assignment. Yand STATE OR CO itzerland individual 50 unt of the fee(s) is cru- card. Form PTO-2038	a member a tes of up to no name is tes of up to no name is tes identifies the untray)	Adam 3 ed below, the	J. Cermak document has been filed group entity government
1. Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/8 O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth if (A) NAME OF ASSIGN ALSTOM Tecordation as set forth if (A) The following fee(s) are M Issue Fee	dence address (or Change of Cl22) attached. Ition (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be at an assignee is identified be at 37 CFR 3.11. Completion NEE Chnology LTD the assignee category or category experiences of the control of the category or category and the category of category or category and the category of category or category and the category of category of category and the c	correspondence tion form e of a Customer BE PRINTED ON 1 elow, no assignee of this form is NO (E)	(1) the nar or agents (2) the nar registered 2 registere listed, no reflection of the PATENT data will app f a substitute (3) RESIDENCE Baden inted on the population of the part of the payment of the p	mes of up DR, altern attorney d d patent a tame will (print or ear on the for filing E: (CITY , Sw. atent); Fec(s): a the amo	o to 3 registered pater atively, male firm (having as a por agent) and the name morneys or agents. If be printed. Type) c patent. If an assign an assignment. Yand STATE OR CO itzerland individual But an authorized by company authorized by company authorized by contained an action.	a member a tes of up to no name is tes identifie UNTRY) corporation or closed. is attached.	Adam 3 ad below, the other private p	J. Cermak document has been filed
1. Change of correspondent CFR 1.363). O Change of correspond Address form PTO/SB/1 O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth if (A) NAME OF ASSIGN ALSTOM Tec. Please check the appropriate tall the following fee(s) are the subject of the publication fee (No see the publica	dence address (or Change of C122) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified bein 37 CFR 3.11. Completion NEE Chnology LTD te assignee category or category enclosed: small entity discount permittee of Copies of (from status indicated above) MALL ENTITY status. See 1	Correspondence tion form e of a Customer E PRINTED ON 1 elow, no assignee of this form is NO (E mics (will not be pr 4t d) e) 37 CFR 1.27.	(1) the nar or agents (2) the nar registered 2 registere listed, no return the PATENT data will app f a substitute (3) RESIDENC Baden inted on the population of the populatio	mes of up DR, altern and torney of d patent and ame will f (print or ear on the for filing E: (CITY , Sw. atent); Fee(s): a the amo by credit of court Num	o to 3 registered pater atively, migle firm (having as a per agent) and the name morneys or agents. If the printed. Type) Type) Type and STATE OR CO T	a member a tes of up to no name is the is identified UNTRY) corporation or closed. is attached. harge the requester (en	Adam 3 and below, the other private	J. Cermak document has been filed group entity government, copy of this form).
1. Change of correspondent CFR 1.363). O Change of correspond Address from PTO/SB/1 O "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN ALSTOM Tector of the secondation fee (S) are Market Fee Medication fee (No see Me	dence address (or Change of C122) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified bein 37 CFR 3.11. Completion NEE Chnology LTD te assignee category or category or category enclosed: small entity discount permittee of Copies	Correspondence tion form e of a Customer RE PRINTED ON 1 elow, no assignee of this form is NO (B whies (will not be pr 45 d) e) 37 CFR 1.27. nuc Fee and Publica will not be accepted	(1) the nar or agents (2) the nar registered 2 registered 2 registered issted, no reflect a substitute (3) RESIDENCE Baden inted on the population of the po	mes of up DR, altern attorney of d patent and ame will (print or ear on the for filling E: (CITY , Sw. atent); Fee(s): a the amo by credit of count Num and is not	o to 3 registered pater atively, male firm (having as a per agent) and the name morneys or agents. If he printed. Type) c patent. If an assign an assignment. Yand STATE OR CO itzerland individual Education of the fee(s) is constant. Form PTO-2038 reby authorized by color. claiming SMALL EN e-apply any previous	a member a tes of up to no name is tes of up to no name is tes identified UNTRY) corporation or closed. is attached. harge the requested (en	Adam 3 and below, the other private	document has been filed group entity government, copy of this form).

submitting the completed application from to the OSF 10. Hills will valy depending domain of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paient and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paient and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paient and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for Paients, P.O. Box 1450, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 07/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE